

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **754078** (4)

1. Corporation Name

**LISETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1990 MARSEILLES DR. MIAMI BEACH FL 33141  
Mailing Address: 1990 MARSEILLES DR. MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 09/05/1980  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-2130925  
5. Certificate of Status Desired: XX (Additional Fee Required: \$8.75)  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent: RAUL RODRIQUEZ, 1990 MARSEILLE DR, MIAMI BEACH FL 33141  
10. Name and Address of New Registered Agent (81-85) details.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUGUET, GEORGE	
STREET ADDRESS	1990 MARSEILLE DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	RABER, LINDA	
STREET ADDRESS	1990 MARSEILLE DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VOLPATO, CRISTINA	
STREET ADDRESS	1990 MARSEILLE DR	
CITY - ST - ZIP	MIAMI BCH. FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	RAUL RODRIQUEZ	
STREET ADDRESS	1990 MARSEILLE DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rolando Gonzalez	
13 STREET ADDRESS	1990 Marseille Drive	
14 CITY - ST - ZIP	Miami Beach, FL 33141	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Marta Pinto	
23 STREET ADDRESS	1990 Marseille Drive	
24 CITY - ST - ZIP	Miami Beach, FL 33141	
31 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lusitonia Pucharski	
33 STREET ADDRESS	1990 Marseille Drive	
34 CITY - ST - ZIP	Miami Beach, FL 33141	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Raul Rodriguez	
43 STREET ADDRESS	1990 Marseille Drive	
44 CITY - ST - ZIP	Miami Beach, FL 33141	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Gerardo Odio	
53 STREET ADDRESS	1990 Marseille Drive	
54 CITY - ST - ZIP	Miami Beach, FL 33141	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X B. J. ...* President 1/17/96 305-864-1143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)